

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	13241US04
First Inventor	Marshall S. Wenrich
Title	ORGAN PRESERVATION APPARATUS AND METHODS
Express Mail Label No.	EL849001034US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|---|--|
| <p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>33</u>]
(preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to sequence listing, a table, or a computer program listing appendix
-Background of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>10</u>]</p> <p>5. Oath or Declaration [Total Sheets <u> </u>]
a. <input type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
ii. <input type="checkbox"/> Paper
c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|---|--|

ACCOMPANYING APPLICATION PARTS

- | | |
|--|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) | <input type="checkbox"/> Power of Attorney |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) | <input type="checkbox"/> Copies of IDS Citations |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner: _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: 23446 OR ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	312-775-8000	Fax	312-775-8100	
Name (Print/type)	George Wheeler	Registration No. (Attorney/Agent)	28,766		
Signature	<i>George Wheeler</i>	Date	January 13, 2004		